

Date Received

2007

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MONTANA RESIDENT BISON APPLICATION

RETURN COMPLETED APPLICATION TO:

SPECIAL LICENSING, FWP
1420 EAST SIXTH AVENUE
PO BOX 8009
HELENA, MT 59604-8009

Mail in applications must be **received** at the Helena FWP Headquarters Office (1420 E. 6th Ave.) no later than **5 p.m. MDT October 4, 2007**. Or, you may use this application as a guideline to apply online at fwp.mt.gov no later than 11:45 p.m. MDT October 4, 2007. Or you may apply over the counter at any FWP regional office, any FWP area office, or the FWP Helena Headquarters no later than 5 p.m. MDT, October 4, 2007. Applications are final and cannot be changed or withdrawn. Incomplete or incorrect applications will not go into drawing.

SUBMITTAL OF MORE THAN ONE APPLICATION FOR ANY ONE LICENSE/PERMIT WILL DISQUALIFY THE APPLICATIONS FROM THE DRAWING.

ALL INFORMATION IN THIS SECTION IS MANDATORY. PLEASE PRINT.

A 2007 RESIDENT CONSERVATION LICENSE MUST BE PURCHASED PRIOR TO APPLYING FOR THIS BISON HUNT

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DATE OF BIRTH*	MM	DD	YYYY	ALS#
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DATE OF BIRTH AND ALS # IS MANDATORY FOR ALL APPLICANTS.

Your ALS number is your date of birth and an additional 1- to 2-digit number printed on the top of all of your licenses. If this number does not correspond to your date of birth contact an FWP office.

NAME FIRST	MI	LAST	JR, SR, ETC.	PHONE ()	HOME —	Dept. Use Only
MAILING ADDRESS				()	WORK —	
CITY	STATE	ZIP CODE	COUNTRY			

I hereby declare that I have been a legal resident of the State of Montana for at least 180 consecutive days: ____ Years ____ Months immediately prior to making application for this license, or that I qualify for the 30 day military exception, or Montana Job Corp Camp exception (MCA 87-2-102). I declare all statements on this form are true and correct and the undersigned hereby agrees to the use of the information on this form for the purpose of verifying residency according to Sec. 87-2-102.

X

ORIGINAL SIGNATURE OF APPLICANT. WRITE. DO NOT PRINT
 (MUST BE APPLICANT'S SIGNATURE--NO ONE ELSE MAY SIGN FOR APPLICANT)
 (Faxed or photocopied signature not acceptable)

* MONTANA HUNTER EDUCATION ONLY (Required if born after January 1, 1985)

LETTER PREFIX (Circle One)	NUMBER
D E T	
DATE COMPLETED	MM DD YYYY

**A resident who is born after January 1, 1985, must list their Montana Hunter's Education number at left OR submit, with this application, a certificate (or copy of the certificate) verifying he/she has completed a course in hunter safety from any other state or province.*

Drawing for Bison Licenses

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District No.

Choose one of the Either Sex Bison seasons at the right. Consult the 2007 Bison Regulations for details and descriptions of these areas. If selected, you will be required to pay the \$125 license fee.

HD 385

- 385-00: 6 licenses
 • Nov 15 - Dec 31 - Either-sex Bison.
 385-01: 6 licenses
 • Jan 01 - Jan 22 - Either-sex Bison.
 385-02: 6 licenses
 • Jan 23 - Feb 15 - Either-sex Bison.

HD 395

- 395-00: 6 licenses
 • Nov 15 - Dec 31 - Either-sex Bison.
 395-01: 10 licenses
 • Jan 01 - Jan 22 - Either-sex Bison.
 395-02: 10 licenses
 • Jan 23 - Feb 15 - Either-sex Bison.

(Optional) Roster for possible Bison cow/calf licenses

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District No.

After you have chosen a Bison drawing district above, you may choose one of the cow/calf Bison seasons at the right. Consult the 2007 Bison Regulations for details and descriptions of these areas. A list will be developed from these choices in the sequence drawn and used to issue bison cow/calf licenses depending upon migration. If selected, you will be required to pay the \$125 license fee.

HD 385

- 385-10: Up to 18 licenses
 • Nov 15 - Dec 31 - Cow/calf Bison.
 385-11: Up to 18 licenses
 • Jan 01 - Jan 22 - Cow/calf Bison.
 385-12: Up to 18 licenses
 • Jan 23 - Feb 15 - Cow/calf Bison.

HD 395

- 395-10: Up to 18 licenses
 • Nov 15 - Dec 31 - Cow/calf Bison.
 395-11: Up to 14 licenses
 • Jan 01 - Jan 22 - Cow/calf Bison.
 395-12: Up to 14 licenses
 • Jan 23 - Feb 15 - Cow/calf Bison.

THIS APPLICATION IS VALID FOR THE 2007 BISON DRAWING ONLY

PAID BY:

Money Order/ Cashier's Check/Personal Check
 (Payable to Montana FWP)

PLEASE REVIEW YOUR APPLICATION:

Submit the correct amount of money (send cash at your own risk).
 Applications with NSF checks will be taken out of the drawing.

APPLICATION FEE: (Is a \$5 nonrefundable application fee)

Bison: \$5

Check # _____

TOTAL AMOUNT OF THIS APPLICATION: \$ **5**